

Date of Hearing: August 20, 2025

ASSEMBLY COMMITTEE ON APPROPRIATIONS

Buffy Wicks, Chair

SB 297 (Hurtado) – As Amended July 7, 2025

Policy Committee:	Health	Vote:	14 - 0
	Judiciary		12 - 0

Urgency: No State Mandated Local Program: Yes Reimbursable: Yes

SUMMARY:

This bill requires (1) the California Department of Public Health (CDPH) provide local health departments (LHDs) with valley fever infection data and screening protocols, and (2) LHDs in high-incidence areas raise awareness of valley fever among health care providers and the general public. The bill also requires a patient receiving primary care in a high-incidence region be screened for valley fever and offered testing and care, as appropriate, without cost sharing.

Specifically, major provisions of this bill:

- 1) Require, commencing January 1, 2028, an adult patient who receives primary care services in a facility, clinic, unlicensed clinic, center, office, or other setting where primary care services are provided, and in a high-incidence region for valley fever, as identified by CDPH pursuant to item 6, below, be screened for valley fever to the extent these services are covered under the patient's health insurance, based on the current national clinical practice recommendations, except as specified.
- 2) If the result of a valley fever screening suggests testing should be considered, require a health care provider offer diagnostic testing, to the extent these services are covered under the patient's health insurance. If the diagnostic test result is positive, requires the health care provider offer care based on current national clinical practice recommendations and in a culturally and linguistically appropriate manner, or offer to refer the patient to a health care provider who can provide followup health care.
- 3) Prohibit a health care provider who, based upon their professional judgement, determines it is not appropriate to screen or offer to screen a patient for valley fever or to consider or offer a patient diagnostic testing or care for Valley Fever from being subject to any disciplinary action related to their licensure, certification, or privileges in relation to that determination. Further prohibits a violation of the bill's requirements from being the basis of any civil or criminal liability.
- 4) Defines the following for purposes of the bill:
 - a) "Followup health care" includes providing medical management for valley fever according to the current national practice recommendations.
 - b) "Valley fever screening" means assessing a patient's clinical presentation to determine if diagnostic testing should be considered in accordance with current national clinical

practice recommendations.

- 5) Prohibits a health plan contract or health insurance policy from imposing a deductible, coinsurance, copayment, or any other cost-sharing requirement for a valley fever screening or test provided pursuant to the bill for any covered individual that lives, works, attends school or has recently visited any high incidence region, except as specified.
- 6) Requires CDPH, to the extent feasible and using available data and resources, annually analyze and identify regions with elevated rates of valley fever based on public health surveillance data and in consultation with subject matter experts, and publish the first list of high incidence regions on or before March 1, 2027.
- 7) Requires CDPH provide local health departments in high-incidence regions with detailed infection data and standardized screening protocols that align with current national clinical practice recommendations for valley fever.
- 8) Requires CDPH develop and distribute evidence-based training materials on valley fever screening, detection, diagnosis, and treatment for health care providers.
- 9) Requires LHDs in high incidence areas conduct outreach to health care providers and the general public to raise awareness of valley fever risks, symptoms, and prevention strategies.
- 10) Requires LHDs annually report to CDPH the number of confirmed cases of valley fever.
- 11) Requires CDPH, on or before January 1, 2030 and every two years thereafter, evaluate the effectiveness of the valley fever screening and prevention program and report its findings to the Legislature.

FISCAL EFFECT:

CDPH estimates ongoing costs of \$586,000 per year, starting in Fiscal Year (FY) 2026-27 to cover three positions to support surveillance, data analysis, dissemination, development of screening protocols, public and provider education, investigations, and evaluation efforts, as well as software, needed to implement the provisions of the bill (General Fund).

According to the County Health Executives Association of California (CHEAC), LHDs in the central valley counties report that outreach activities are not included in their budgets due to funding reductions. CHEAC states counties reported annual costs for activities required by this bill in the range of approximately \$20,000 to \$265,000 per county, depending on the size of the jurisdiction and the scope of activities, which could include public service announcements (radio and TV), outreach and education for health care providers, development and distribution of educational materials, staff time (epidemiologists, health educators, equity staff), and health care provider educational symposia. If ten counties are required to conduct outreach and other activities, cumulative annual costs could reach hundreds of thousands of dollars or more. If the Commission on State Mandates determines these costs are reimbursable, the state would be required to pay these costs (General Fund).

The Department of Insurance estimates a one-time cost of \$6,000 in FY 2025-26 (Insurance Fund).

The Department of Managed Health Care estimates minor and absorbable costs.

No costs to the Department of Health Care Services for the Medi-Cal program.

The California Public Employees Retirement System (CalPERS) anticipates minimal costs.

Additional costs to health plans and insurers of an unknown amount, to the extent this bill increases testing and treatment for valley fever, and these services are not already covered without cost sharing, such as copays or deductibles.

COMMENTS:

1) **Purpose.** According to the author:

Valley Fever is a growing public health crisis, yet too many cases go undiagnosed for too long. [This bill] ensures that Californians in high-incidence regions receive the early detection and care they deserve. ...By equipping communities with better data, removing cost barriers, and prioritizing early detection, this bill takes a critical step toward reducing the devastating impact of Valley Fever.

2) **Background.** Valley fever, also known as coccidioidomycosis or “cocci,” is caused by the *Coccidioides* fungus that grows in the soil and dirt in some areas of the southwestern United States. This fungus can infect the lungs and cause respiratory symptoms, including cough, difficulty breathing, fever, and tiredness or fatigue. In rare cases, the fungus can spread to other parts of the body and cause severe disease and death. When soil or dirt is stirred up by strong winds or digging, dust containing the spores can get into the air. Anyone who lives, works, or travels in an area where the fungus grows can breathe in *Coccidioides* spores from outdoor dust and become infected, but those in construction, agriculture, landscaping, and mining are at higher risk. Valley fever does not spread from one person to another.

In California, the number of reported valley fever cases has increased in recent years. The number of cases increased from fewer than 1,000 cases in 2000 to more than 9,000 cases in 2019. Most cases of valley fever in California are reported from the Central Valley and Central Coast regions of the state, but the number of cases has also been increasing in the northern Central Valley and southern coastal areas of California.

Reporting of Valley Fever. Valley fever is already a reportable condition under state law. A health care provider must report suspected and confirmed cases to the LHD, which must then report to CDPH. CDPH tracks and publishes data on valley fever in monthly updates and year-end updates. CDPH also periodically publishes valley fever reports in journals, including surveillance summaries, analyses of hospital and death data, and reports summarizing valley fever outbreaks.

Valley Fever Awareness Campaign. AB 1790 (Salas and Grayson), Chapter 338, Statutes of 2018, provided resources for CDPH to create a campaign to spread awareness about valley fever to LHDs, healthcare providers, and the public. CDPH conducted the campaign in 2019 and 2020.